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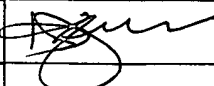
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/705,971	
	Filing Date	November 3, 2000	
	First Named Inventor	Adrianus J. van den Nieuwelaar	
	Group Art Unit	3643	
	Examiner Name	F. Copier	
Total Number of Pages in This Submission	11	Attorney Docket Number	V0028/249300

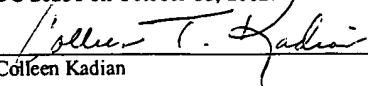
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Marked-up copy of amended specification pursuant to 37 C.F.R. 1.121(b) Marked-up copy of amended claims pursuant to 37 C.F.R. 1.121(c)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kristin L. Johnson Kilpatrick Stockton
Signature	
Date	October 18, 2002


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Complete if Known

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TOTAL AMOUNT OF PAYMENT (\$) 110

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																			
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SUBMITTED BY			Complete (if applicable)		
Name (Print/Type)	Kristin L. Johnson	Registration No. Attorney/Agent)	44,807	Telephone	404-815-6389
Signature				Date	10/18/02

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OCT 30 2002

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